

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

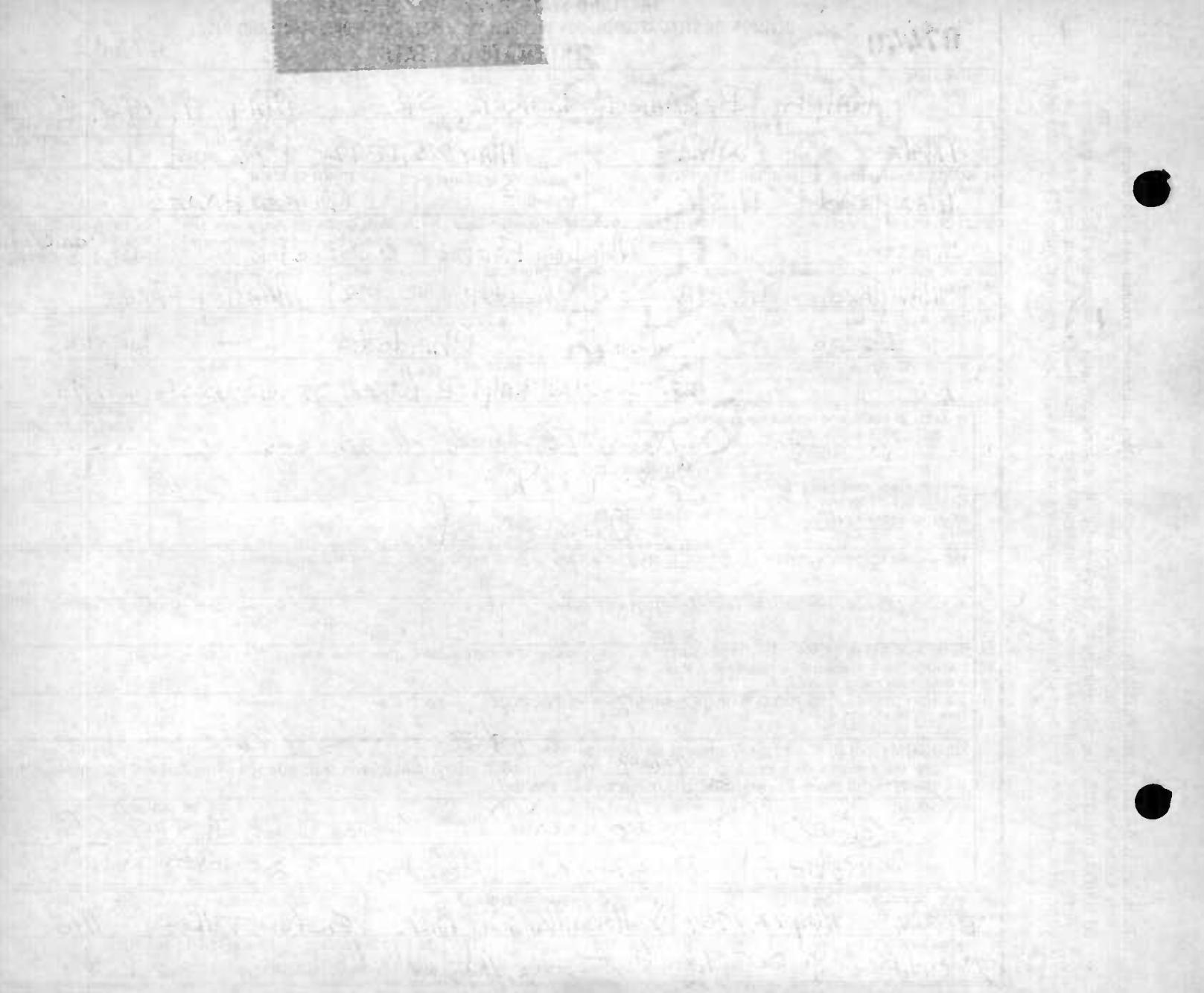
07432

07440

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED NAME (Type or print)		First Ralph	Middle BERNARD	Lost BAKER SR.	2a. DATE OF DEATH Month May	Day 9	Year 1969	2b. HOUR 4:30 P.M.
3. SEX Male		4. RACE White		S. DATE OF BIRTH May 23, 1892	6. AGE (In years last birthday) 76		IF UNDER 1 YEAR MONTHS IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	
7a. BIRTHPLACE (State or foreign country) Maryland		7b. CITIZEN OF WHAT COUNTRY? U.S.A.		8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	9. COUNTY OF DEATH QUEEN ANNE'S			
10. CITY OR TOWN OF DEATH Chester		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) MARLING FARMS		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Contractor		12b. KIND OF BUSINESS OR INDUSTRY Construction + Road Constr.		
13a. USUAL RESIDENCE (Where deceased admission) STATE Maryland		13b. COUNTY QUEEN ANNE'S	13c. CITY OR TOWN Chester	13d. INSIDE CITY LIMITS? YES	13e. STREET AND NUMBER MARLING FARMS			
14. FATHER'S NAME First ISSAC		Middle —	Lost BAKER	15. MOTHER'S MAIDEN NAME First Charlotte	Middle —	Lost Lynch		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No		16b. SOCIAL SECURITY NO. 220-26-3723		17. INFORMANT Son	Address Ralph B. BAKER, JR., Queenstown, Md.			
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH								
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)								
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Rupture Thoracic Aneurysm								
DUE TO, OR AS A CONSEQUENCE OF (b) A.C.V.D.								
DUE TO, OR AS A CONSEQUENCE OF (c) Bernard								
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)								
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY Hour A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)				
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (At HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No.	City or Town	County	State	
22a. I certify that (I) (this hospital) attended the deceased from 1950 , 19____, to 1969 , 19____, that (I) (we) last saw the deceased alive on 3-9-69 , 19____, and that in (my) (<u>our</u>) opinion death occurred on the date and hour and from the causes stated above, (I) (we) <input checked="" type="checkbox"/> did not view the body after death.								
22b. SIGNATURE Robert B. Hahn MD		ATTENDING DEGREE MD		<input type="checkbox"/> MED. DIRECTOR	<input type="checkbox"/> STAFF PHYS.	22c. DATE SIGNED 5-9-69		
22d. PHYSICIAN'S NAME (Type) Robert B. Hahn		22e. ADDRESS P.O. Box 73, Severna Park						
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 12, 1969		23c. NAME OF CEMETERY OR CREMATORIAL Woodlawn Memorial Park		23d. LOCATION (City or Town) (County) (State) EASTON, TALBOT, Md.		
24. FUNERAL DIRECTOR James H. Barton Jr., Barton-Burk, Centreville, Md.		ADDRESS		25a. REC'D BY REGISTRAR DATE MAY 15 1969		25b. REGISTRAR'S SIGNATURE Charles Judge		



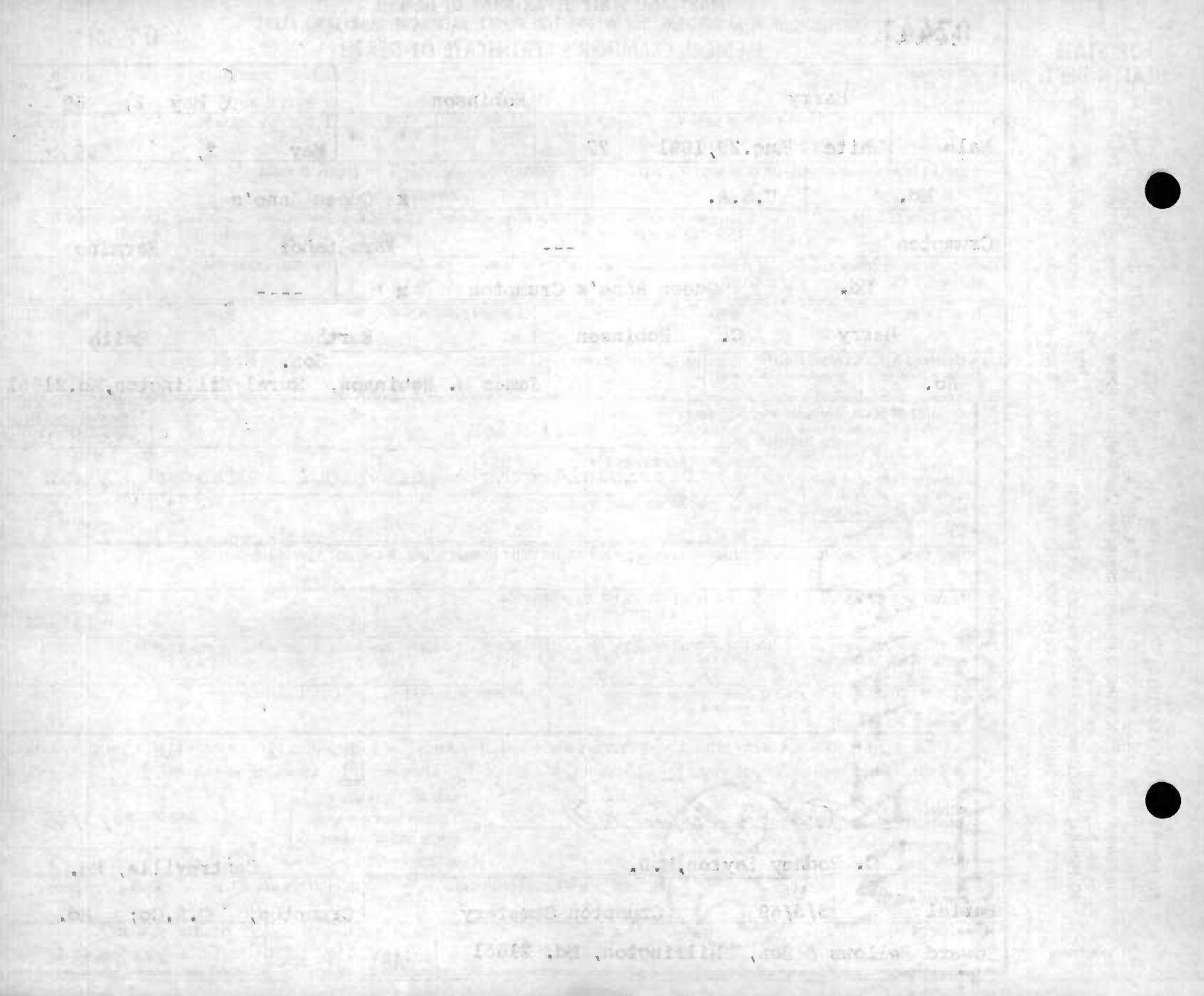
FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death if any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PN3. Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

07441 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07433

1. DECEASED-NAME (Type or Print)		First Harry	Middle	Last Robinson	2d. DATE KNOWN Month Day Year May 2, 1969	2b. HOUR 3:00 P.M.		
3. SEX Male	4. RACE White	S. DATE OF BIRTH Aug. 29, 1891	6. AGE (In years last birthday) 77 YRS.	IF UNDER 1 YEAR MONTHS 0	IF UNDER 24 HRS. DAYS 0	MIN. 0		
7a. BIRTHPLACE (State or foreign country) Md.		7b. CITIZEN OF WHAT COUNTRY? U.S.A.		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH Queen Anne's		
10. CITY OR TOWN OF DEATH Crumpton		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) ---			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Farm Labor		12b. KIND OF BUSINESS OR INDUSTRY Farming	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Md.		13c. CITY OR TOWN Queen Anne's Crumpton		13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	13e. STREET AND NUMBER ---			
14. FATHER'S NAME First Harry		Middle C.	Last Robinson	15. MOTHER'S MAIDEN NAME First Bertha		Middle Smith	Last	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16b. SOCIAL SECURITY NO. (If yes give war or dates of service)		17. INFORMANT James W. Robinson, Rural Millington, Md. 21651		Son. ADDRESS		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Unknown Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) arteriosclerotic cardiovascular disease years (c)								
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)								
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)				
21d. INJURY OCCURRED WHILE <input type="checkbox"/> NOT WHILE <input checked="" type="checkbox"/> AT WORK <input type="checkbox"/> AT WORK <input checked="" type="checkbox"/>		21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)		21f. LOCATION Street or R.F.D. No.		City or Town	County	State
22a. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>								
ACTUAL SIGNATURE <i>C. Rodney Layton MD</i>		CHIEF MEDICAL EXAMINER <input type="checkbox"/>				M.D. ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>		
EXAMINER'S NAME (Type)		DEPUTY MEDICAL EXAMINER <input type="checkbox"/>				22b. DATE SIGNED 5/3/69		
ADDRESS (Street, city, town, or county) Centreville, Md.								
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/5/69	23c. NAME OF CEMETERY OR CREMATORIAL Crumpton Cemetery		23d. LOCATION (City or Town) Crumpton		(County) O.A.Co.	(State) Md.
24. FUNERAL DIRECTOR Edward Fellows & Son, Millington, Md. 21651		ADDRESS		25a. REC'D BY REGISTRAR Charles Judge		25b. REGISTRAR'S SIGNATURE Charles Judge		



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

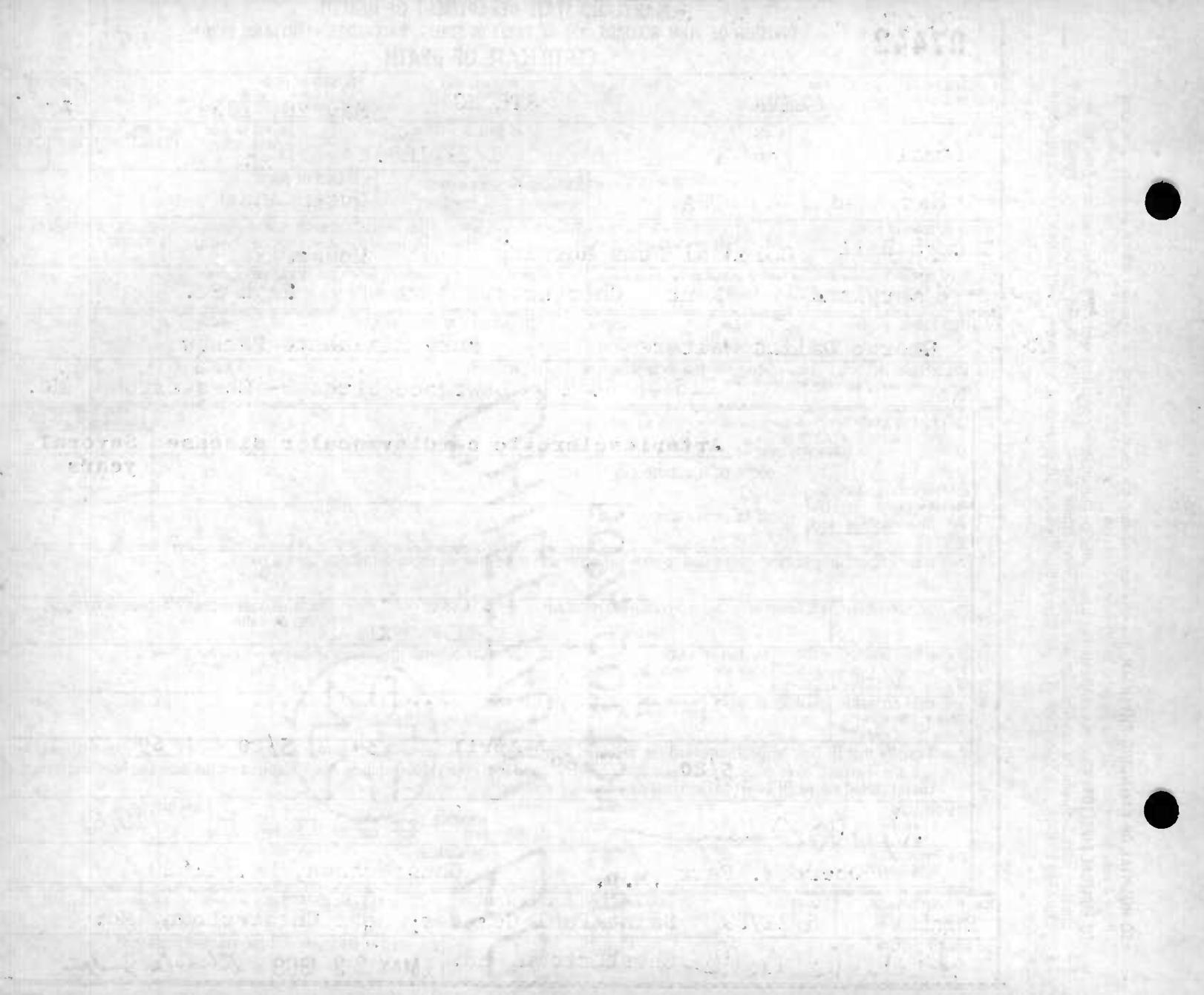
CERTIFICATE OF DEATH

07434

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.
 Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First OLIVE	Middle	Last STRONG	2a. DATE OF DEATH May 20, 1969	2b. HOUR 4:00 P.M.
3. SEX female	4. RACE white	5. DATE OF BIRTH 1/29/1889		6. AGE (In years last birthday) 80 YRS.	IF UNDER 1 YEAR MONTHS DAYS HOURS MIN.
7a. BIRTHPLACE (State or foreign country) Maryland	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH Queen Anne		
10. CITY OR TOWN OF DEATH Church Hill	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Colonial Arms Nursing		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Housewife		12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) <input checked="" type="checkbox"/> Maryland	13b. COUNTY Kent	13c. CITY OR TOWN Chestertown	13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	13e. STREET AND NUMBER High St.	
14. FATHER'S NAME George Dallas Walters	First	Middle	Lost	15. MOTHER'S MAIDEN NAME Mary Elizabeth Parker	Middle
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes <input type="checkbox"/> or unknown <input checked="" type="checkbox"/> No	16b. SOCIAL SECURITY NO. (If yes give war or dates of service) 218 48 6862	17. INFORMANT Lawrence Strong - Chestertown, Md.			Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic cardiovascular disease</u>					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <u>Several years</u>
4124 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.					DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)					
19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)			
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State
22a. I certify that (I) (this hospital) attended the deceased from <u>April 54</u> , 19 <u>54</u> , to <u>5/20</u> , 19 <u>69</u> , that (I) (we) last saw the deceased alive on <u>5/20</u> , 19 <u>69</u> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did not) view the body after death.					
22b. SIGNATURE <u>Robert W. Farr</u>	DEGREE ATTENDING PHYS.	MED. DIRECTOR <input checked="" type="checkbox"/>	STAFF PHYS. <input type="checkbox"/>	22c. DATE SIGNED 5/20/69	
22d. PHYSICIAN'S NAME (Type or print) Robert W. Farr, M.D.	22e. ADDRESS Chestertown, Md. 21620				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/22/69	23c. NAME OF CEMETERY OR CREMATORIAL Saint Paul Cemetery near Chestertown, Md.	23d. LOCATION (City or Town) Chestertown, Md.	(County)	(State)
24. FUNERAL DIRECTOR <u>J. Wells Wells</u>	ADDRESS Chestertown, Md.	25a. REC'D BY REGISTRAR DA MAY 23 1969	25b. REGISTRAR'S SIGNATURE <u>Charles Judge</u>		



07443

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Item 11 Film GL13 6/4/69 kk

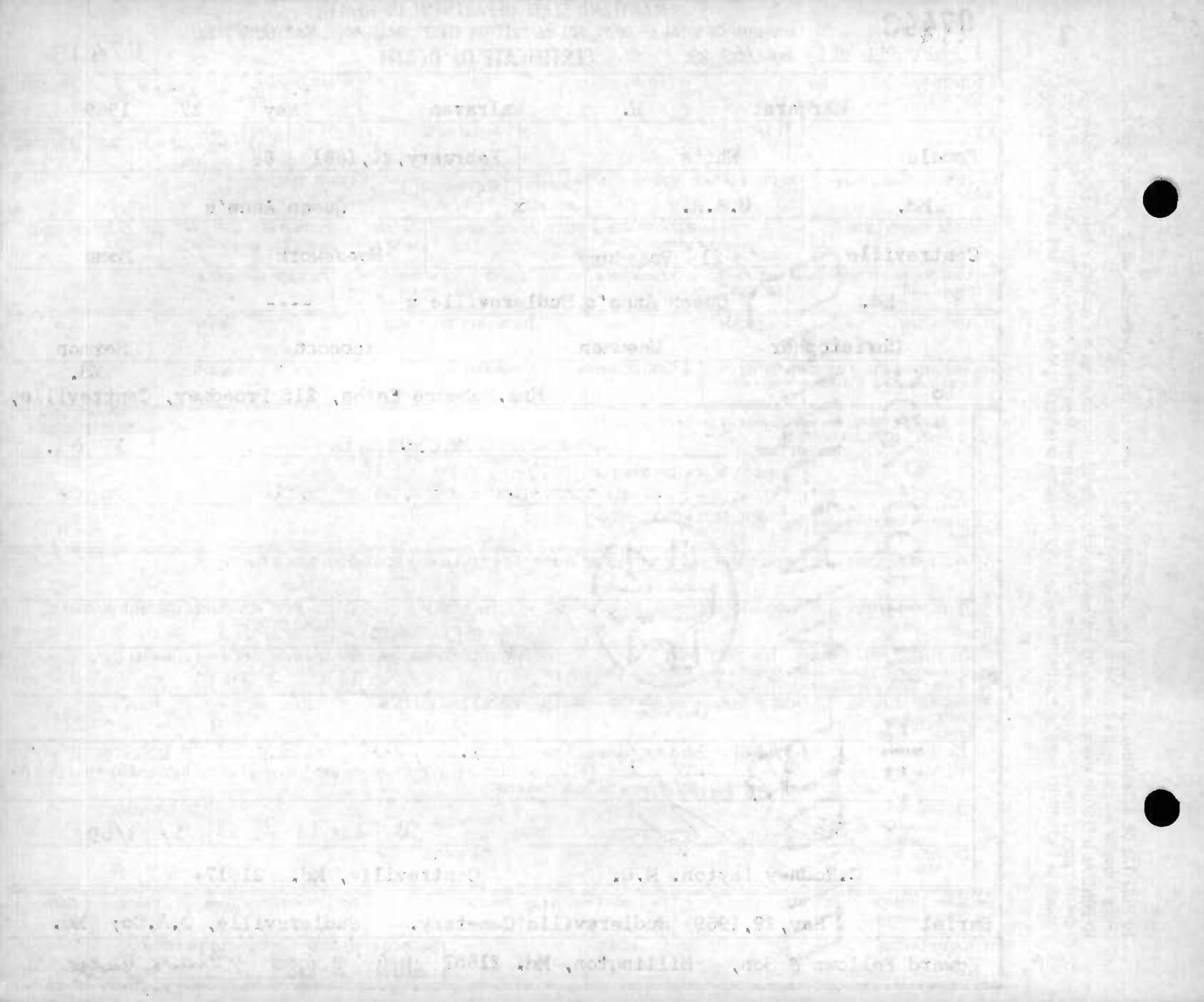
CERTIFICATE OF DEATH

07435

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1. DECEASED-NAME (Type or print)	First Margaret	Middle W.	Last Walraven	2a. DATE OF DEATH Month May	Day 27	Year 1969	2b. HOUR M
3. SEX Female	4. RACE White	5. DATE OF BIRTH February, 24, 1881			6. AGE (In years last birthday) 88	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
7a. BIRTHPLACE (State or foreign country) Md.	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED WIDOWED <input checked="" type="checkbox"/>	NEVER MARRIED DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH Queen Anne's			
10. CITY OR TOWN OF DEATH Centreville	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) 215 Broadway			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Housework			12b. KIND OF BUSINESS OR INDUSTRY Home
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Md.	13b. COUNTY Queen Anne's	13c. CITY OR TOWN Sudlersville <input checked="" type="checkbox"/>	13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	13e. STREET AND NUMBER ---			
14. FATHER'S NAME Christopher	First Middle Weedman	Last	15. MOTHER'S MAIDEN NAME Rebecca	Middle	Last Harmon		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No	16b. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Rebecca Eaton, 215 Broadway, Centreville,	Address Md.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>1420</i> DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <i>Cerebral Metastasis</i> DUE TO, OR AS A CONSEQUENCE OF (c) <i>Adenocarcinoma of the parotid</i>						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 mon.	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)							
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)				
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State	
22a. I certify that (I) (this/hospital) attended the deceased from Jan. 1, 1969, to May 29, 1969, that (I) (we) last saw the deceased alive on May 20, 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.							
22b. SIGNATURE <i>C. Rodney Layton</i>		DEGREE ATTENDING PHYS.	MED. DIRECTOR <input checked="" type="checkbox"/>	STAFF PHYS. <input type="checkbox"/>	22c. DATE SIGNED 5/28/69		
22d. PHYSICIAN'S NAME (Type) C. Rodney Layton, M.D.		22e. ADDRESS Centreville, Md. 21617					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May, 29, 1969	23c. NAME OF CEMETERY OR CREMATORIAL Sudlersville Cemetery.			23d. LOCATION (City or Town) Sudlersville, Q.A.Co.; Md.	(County) (State)	
24. FUNERAL DIRECTOR Edward Fellows & Son,	ADDRESS Millington, Md. 21651	25a. REC'D BY REGISTRAR DATE JUN 2 1969			25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>		



FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

1
07444 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07436

1. DECEASED NAME (Type or Print)	First	Middle	Lost	2a. DATE KNOWN OF ESTI- DEATH MATED	Month	Day	Year	2b. HOUR
	Robert	TAYLOR	YATES, SR.	5 - 17	1969	10 AM		
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (in years last birthday) 53 yrs.	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HRS. DAYS	HOURS	MIN.	2c. DATE PRONOUNCED DEAD Month Day Year
Male	White	June 22, 1915						5 - 17 1969 1 PM
7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	9. COUNTY OF DEATH	2d. HOUR				
Maryland	U.S.A.		QUEEN ANNE'S					
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)			12b. KIND OF BUSINESS OR INDUSTRY	
Centreville	103 S. Commerce St.			Salesman			Real Estate	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER	Md.				
Maryland	Queen Anne's	Centreville	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	103 S. Commerce St.				
14. FATHER'S NAME	First	Middle	Last	15. MOTHER'S MAIDEN NAME	First	Middle	Last	
William Bedford			YATES, SR.	Minnie	-		Taylor	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes <input checked="" type="checkbox"/> or unknown)	16b. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS					
No	212-03-1954	daughter	Mrs. Donald Haring - Cambridge, Md.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 4109 Possible Massive Coronary Occlusion, 10-15 hr.								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate cause (a). stating the underlying cause last. (b) Arteriosclerotic Cardiovascular disease								years
(c) disease								3
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) Heart Inferior Infarct 8 mo ago								
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?			20. AUTOPSY?			
					YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part 2, Item 18.)				
21d. INJURY OCCURRED WHILE <input type="checkbox"/> NOT WHILE <input checked="" type="checkbox"/> AT WORK <input type="checkbox"/>		21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)		21f. LOCATION Street or R.F.D. No.		City or Town	County	State
22a. I certify that I took charge of the remains described above, held on Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>								
ACTUAL SIGNATURE C.R. Lyster		CHIEF MEDICAL EXAMINER <input type="checkbox"/>			ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>		22b. DATE SIGNED 5-19-69	
EXAMINER'S NAME (Type) C.R. Lyster MD		M.D.			DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>		ADDRESS (Street, city, town, or county) Centreville, Md.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 21, 1969		23c. NAME OF CEMETERY OR CREMATORIUM Chesterfield Cemetery		23d. LOCATION (City or Town) Centreville, Q.A.C. Md.		(County) (State)
24. FUNERAL DIRECTOR Jewell H. Barton Jr., Barton Bros., Centreville, Md.		ADDRESS		25a. REC'D BY REGISTRAR MAY 22 1969		25b. REGISTRAR'S SIGNATURE Jewell H. Barton Jr.		

20 55 AM